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7 RESOURCES FOR ELECTRONIC BILLING

7.1 PROVIDER POLICY MANUALS

Electronic submitters are urged to obtain the policy manuals applicable to the specific provider types for whom they submit claims. These manuals indicate the policies and procedures used by the MDCH, including a general description, coverages and limitations, and billing and inquiry.

Policy manuals are available at a nominal cost from Program Policy Division, MDCH, P.O. Box 30479, Lansing, Michigan 48909-7979.

Provider manuals are available for the following:

- Ambulance
- Chiropractor
- Community Mental Health Services Board
- Dental
- Family Planning Clinics
- Federally Qualified Health Centers/Tribal Health Centers
- Hearing Aid Dealers
- Hearing and Speech Centers
- Home Health Care
- Hospice
- Hospital
- Laboratory
- Long-Term Care (now Nursing Facility)
- Maternal and Infant Support Services
- Medical Suppliers/Durable Medical Equipment
- Medicaid Health Plans
- Nursing Facility (formerly Long-Term Care)
- Pharmacy
- Practitioner (e.g., physicians, advanced practice nurses, podiatrists, and medical clinics)
- Private Duty Nursing
- School Based Services
- Rural Health Clinics
- Vision

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7.2 ADDITIONAL RESOURCES

The following materials may be obtained from the MDCH in addition to specific claim-type electronic file formats:

- **Bulletins** – Items of information and policy affecting the administration of the Medicaid Program are conveyed through the Medical Assistance Program Bulletin series. Bulletins also communicate procedural changes and transmit revisions to a manual. It is important to keep the manual up to date. Bulletins that do not have accompanying revised manual pages should be kept until the information is incorporated in the manual.

Bulletins are numbered in sequence for each provider manual noted in the Bulletin Header. Bulletins affecting multiple provider types will have another number assigned in the lower left corner.

Bulletins are automatically mailed to subscribers of the affected provider manuals. They are also available at the MDCH Web site: Go to www.michigan.gov/mdch then click Providers/Information for Medicaid Providers/Michigan Medicaid Uniform Billing Project.

- **Numbered Letters** – General program information or announcements are transmitted to providers via numbered letters. These letters should be kept for reference.
- **Remittance Advice Messages** – Remittance Advice messages (RAMs) are used to transmit special billing information on specific problems. The messages are numbered consecutively and followed by the year (e.g., 12-01 is the twelfth bulletin issued in 2001). RAMs are included with the Remittance Advices; therefore, the RAMs to any single provider type may not be numbered consecutively.

RAMs are sent with paper Remittance Advices.

The Michigan Uniform Billing Manual contains information about the UB-92 paper claim form. Providers who submit institutional claims electronically will need this information. The Michigan Uniform Billing Manual is based on the National Uniform Billing Manual but is enhanced to include Michigan-specific billing information. In Michigan, the UB-92 is currently the accepted claim form for Medicare, Blue Cross, TRICARE/CHAMPVA, Worker's Compensation, Medicaid



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inpatient and outpatient claims and all commercial insurer and HMO claims.

Subscriptions can be obtained from the following organization:

State Uniform Billing Committee
Michigan Health & Hospital Association
Attention: UB-92 Manual Subscription
6215 W. St. Joseph Highway
Lansing, Michigan 48917-4852
(517) 323-3443



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